

FY 2013 INSPECTION CONCLUSION DATA SHEET (ICDS)

EPA Region 10

CWA NPDES

ICDS data is required to be reported for all on-site compliance inspections conducted by EPA inspectors, Senior Environmental Employees, or EPA contractors. States and tribes are not required to report ICDS data even if using EPA credentials. In addition to the 'core' compliance monitoring data, additional information is required if the inspection has a 'NPDES Special Regulatory Program' component.

This form requires the inspector to provide the requested information by entering data in a text box, or checking the applicable box in a multi-select pick list. **DO NOT MODIFY FORM**

Compliance Activity Type: Inspection/Evaluation

1. EPA Lead Inspector:

First & Last Name:	Sandra Brozusky
Phone #: (include area code)	206-553-5317

2. Compliance Monitoring Dates: *(mm/dd/yyyy of inspection)*

Actual Start Date:	2/13/13
Actual End Date:	2/13/13

3. Compliance Monitoring Activity Name:

This is a descriptive name to help identify the compliance monitoring activity (e.g., *Castle Peak Construction LLC – Hidden River Estates construction site*).

Robert J Smit Dairy

4. On-Site Facility Representative? *(Check No or Yes)*

<input type="checkbox"/>	No → If checked, proceed to ICDS line 5
<input checked="" type="checkbox"/>	Yes → If checked, provide the following information then proceed to ICDS line 5
Facility Representative: (first & last name)	Robert Smit,
Individual's Title:	Owner
Organization:	
Phone #: (include area code)	(b) (6)
Fax #: (include area code)	
Email:	

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FEB 27 2013

5. Linked Facility:

Inspection & Enforcement Management Unit
(IEMU)

Media-Specific Programmatic ID: For CWA NPDES facilities, this is the assigned 9-digit alphanumeric number (e.g., NPDES IDR10BD47). ONE & only one Programmatic ID must be linked to the Inspection. (Enter assigned NPDES #)

NPDES WA U 000 384

Facility Classification: (Check ONE)

☐ NPDES Major ☐ NPDES Minor ☒ NPDES Unpermitted

Facility Site Name & Physical Location: Provide the public or commercial name of the facility & street address/detailed description of the site inspected (e.g., Castle Peak Construction LLC – Hidden River Estates, 504 Larch Street, Priest River ID 83856).

Robert J Smit Dairy
9039 Guide Meridian Road
Lynden, WA 98264

Facility Latitude & Longitude: (Decimal Degrees only)

Latitude: (e.g., +48.183883) 48.96971
Longitude: (e.g., -116.90209) -122.485558

Is facility site within Tribal Land? (Check No or Yes)

☒ No

Yes → Enter Tribal Land Name in text box below:

NAICS Codes: The North American Industry Classification System (NAICS) 6-digit code represents a subdivision of an industry. The link to the NAICS code website is available on EPA R10's OCE Intranet site. (Enter at least one of the NAICS codes corresponding to the site/facility inspected)

112120

Facility Type of Ownership: This information is specific to facility ownership; not inspection activity. (Check only ONE)

<input type="checkbox"/>	Corporation
<input checked="" type="checkbox"/>	Privately Owned
<input type="checkbox"/>	Individual
<input type="checkbox"/>	City Government
<input type="checkbox"/>	County Government
<input type="checkbox"/>	State Government
<input type="checkbox"/>	Tribal Government
<input type="checkbox"/>	School District
<input type="checkbox"/>	Municipal or Water District
<input type="checkbox"/>	Mixed Ownership (e.g., Public/Private)
<input type="checkbox"/>	GOCO (Government Owned/Contractor Operated)
<input type="checkbox"/>	Federal Facility → Enter Federal Agency Name in text box below:

Small Business Indicator: This flag indicates if the Facility meets the requirements of the EPA Small Business Policy.

(Check No or Yes)

☐ No
☒ Yes

6. Federal Statute | Law Section | Program:

This is the statute & section of the corresponding regulation associated with the inspection, & the program that is authorizing the

Activity or being violated. (Check only ONE)

<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Base Program (Limits, Reporting, Schedule)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Pretreatment
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sludge/Biosolids
<input checked="" type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Concentrated Animal Feeding Operations (CAFOs)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Combined Sewer Overflows (CSO)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sanitary Sewer Overflows (SSO)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Construction
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Non-Construction
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: MS4
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Section 308 Information Requests

7. Compliance Monitoring (CM) Action Reason:

This is the description that identifies the purpose of a Compliance Monitoring Activity.

(You must check either **Core Program** or **Agency Priority**. If ONE of the **Other CM Action Reasons** applies, it should also be checked.)

<input type="checkbox"/>	Core Program → If checked, skip ICDS line 8 & proceed to ICDS line 9
<input checked="" type="checkbox"/>	Agency Priority → If checked, proceed to ICDS line 8 & identify the applicable FY 2013 OECA National Priority
<input type="checkbox"/>	Other - Citizen Complaint/Tip
<input type="checkbox"/>	Other - For Cause
<input type="checkbox"/>	Other - Random Inspection
<input type="checkbox"/>	Other - Result of Spill
<input type="checkbox"/>	Other - Selected Monitoring Action

8. FY 2013 OECA National Priority:This is the description that identifies the national priority that prompted the initiation of the inspection. (If **Agency Priority** was checked in ICDS line 7, you must check **ONE National Priority** in table below)

<input type="checkbox"/>	2013 - Energy Extraction – Land Based Gas Extraction & Production
<input type="checkbox"/>	2013 - WW - CAFO
<input checked="" type="checkbox"/>	2013 - WW - CAFO Regional Initiative Areas (Whatcom County, WA)
<input type="checkbox"/>	2013 - WW - CSOs < 50K service population
<input type="checkbox"/>	2013 - WW - CSOs > = 50K service population
<input type="checkbox"/>	2013 - WW - MS4s - Phase I
<input type="checkbox"/>	2013 - WW - MS4s - Phase II
<input type="checkbox"/>	2013 - WW - SSOs > = 10 mg/d and < 100 mg/d

9. 'Inspection Type' PCS Code Reported on EPA Form 3560-3 (Rev 1-06) in Section A – Column 18:

Only one of the available 'Inspection Type' PCS Codes can be used to describe the type of inspection conducted. The Inspection Type checked in this section should equate to Compliance Monitoring Type checked in ICDS line 10. (Check only ONE)

<input type="checkbox"/>	A Performance Audit Inspection	<input checked="" type="checkbox"/>	X CAFO (Sampling)	<input type="checkbox"/>	F Pretreatment (Follow-up)
<input type="checkbox"/>	B Compliance Biomonitoring	<input checked="" type="checkbox"/>	= CAFO (Non-Sampling)	<input type="checkbox"/>	G Pretreatment (Audit)
<input type="checkbox"/>	C Compliance Evaluation Inspection – Non-Sampling	<input type="checkbox"/>	# CSO (Sampling)	<input type="checkbox"/>	I Industrial User (IU) Inspection
<input type="checkbox"/>	D Diagnostic	<input type="checkbox"/>	\$ CSO (Non-Sampling)	<input type="checkbox"/>	P Pretreatment Compliance Inspection
<input type="checkbox"/>	J Complaints	<input type="checkbox"/>	+ SSO (Sampling)	<input type="checkbox"/>	! Pretreatment Compliance (Oversight)
<input type="checkbox"/>	M Multimedia Inspection	<input type="checkbox"/>	& SSO (Non-Sampling)	<input type="checkbox"/>	U IU Inspection with Pretreatment Audit
<input type="checkbox"/>	N Spill	<input type="checkbox"/>	{ Storm Water-Construction (Sampling)	<input type="checkbox"/>	2 IU Sampling Inspection
<input type="checkbox"/>	O Compliance Evaluation (Oversight)	<input type="checkbox"/>	} Storm Water-Construction (Non-Sampling)	<input type="checkbox"/>	3 IU Non-Sampling Inspection

<input type="checkbox"/> R Reconnaissance Inspection	<input type="checkbox"/> Storm Water-Non-Construction (Sampling)	<input type="checkbox"/> 4 IU Toxics Inspection
<input type="checkbox"/> S Compliance Sampling Inspection	<input type="checkbox"/> Storm Water-Non-Construction (Non-Sampling)	<input type="checkbox"/> 5 IU Sampling Inspection with Pretreatment
<input checked="" type="checkbox"/> X Toxics Inspection	<input type="checkbox"/> Storm Water-MS4 (Sampling)	<input type="checkbox"/> 6 IU Non-Sampling Inspection with Pretreatment
<input type="checkbox"/> Z Sludge – Biosolids	<input type="checkbox"/> Storm Water-MS4 (Non-Sampling)	<input type="checkbox"/> 7 - IU Toxics with Pretreatment
<input type="checkbox"/> @ Follow-up (enforcement)	<input type="checkbox"/> Storm Water-MS4 (Audit)	

10. Compliance Monitoring Type:

This is the description indicating the type of compliance monitoring activity conducted by a regulatory agency. The Compliance Monitoring Type checked in this section should equate to Inspection Type checked in ICDS line 9. (Check only ONE)

<u>Comprehensive Type Inspections</u> (designed to comprehensively determine compliance with the NPDES regulations & capture the most common & complete NPDES inspections)	<u>Alternative Type Inspections</u> (designed to capture less thorough, unique or unusual NPDES compliance monitoring activities)	<u>Industrial User (IU) Type Inspections</u> (apply only to the NPDES pretreatment program & designed to evaluate whether NPDES control authorities are meeting their responsibilities)
<input type="checkbox"/> Audit	<input type="checkbox"/> AFO Defined	<input type="checkbox"/> Audit (IU)
<input type="checkbox"/> Diagnostic	<input type="checkbox"/> AFO Designation	<input type="checkbox"/> Evaluation (IU)
<input checked="" type="checkbox"/> X Evaluation	<input type="checkbox"/> Aerial Photography	<input type="checkbox"/> Sampling (IU)
<input type="checkbox"/> Plan Review	<input type="checkbox"/> Case Development	<input type="checkbox"/> Toxics (IU)
<input type="checkbox"/> Sampling	<input type="checkbox"/> Field Screening Sample	
<input type="checkbox"/> Schedule Evaluation	<input type="checkbox"/> Follow-up	
<input type="checkbox"/> Toxics	<input type="checkbox"/> Hyperspectral Imaging	
<input type="checkbox"/> Biomonitoring → If checked; you must also check a value in the following drop-down list	<input type="checkbox"/> Illegal Operators	
	<input type="checkbox"/> Non-Compliance Rate	
	<input type="checkbox"/> Reconnaissance with Sampling	
	<input type="checkbox"/> Reconnaissance without Sampling	
	<input type="checkbox"/> Remote Sensing	
	<input type="checkbox"/> Satellite Imaging	
	<input type="checkbox"/> Witness Response Drill	
	<input type="checkbox"/> Oversight (Federal Oversight inspections conducted to ensure the integrity of a State's compliance monitoring program)	
	→ If checked, skip ICDS lines 17-23	
Biomonitoring Compliance Monitoring Methods <input type="checkbox"/> Discrete Acute <input type="checkbox"/> Discrete Chronic <input type="checkbox"/> Discrete Method <input type="checkbox"/> Flow-Through Method <input type="checkbox"/> Flow-Through Acute <input type="checkbox"/> Flow-Through Chronic		

11. Compliance Monitoring Agency Type: (Check only ONE)

<input checked="" type="checkbox"/> X U.S. EPA
<input type="checkbox"/> EPA Contractor
<input type="checkbox"/> Other-EPA (i.e. Senior Environmental Employees (SEE), National Enforcement Investigations Center (NEIC))

12. Compliance Monitoring Agency Name: (This is the only selection for ICDS)

<input checked="" type="checkbox"/> X Environmental Protection Agency
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13. Was this a State, Federal or Joint (State/Federal) Inspection? (Check either State, Federal or Joint)

<input type="checkbox"/> State Inspection → If State, proceed to ICDS line 14

<input checked="" type="checkbox"/>	Federal Inspection → If Federal, proceed to ICDS line 14
<input type="checkbox"/>	Joint (State/Federal) Inspection → If Joint, you must answer the following two questions
<input type="checkbox"/>	1) If Joint, what was the purpose of the participation of the other party? (Check only ONE)
<input type="checkbox"/>	True Joint Inspection with EPA & State
<input type="checkbox"/>	Oversight Purposes
<input type="checkbox"/>	Training Purposes
<input type="checkbox"/>	Assist the State
<input type="checkbox"/>	2) Which Party had the lead? (Check State or EPA)
<input type="checkbox"/>	State → If checked, you must answer the following question
<input type="checkbox"/>	If State, Local or Tribal lead, did EPA assist? (Check No or Yes)
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	EPA

14. Media Monitored: (Check only ONE)

<input type="checkbox"/>	Water (biosolids & other sludges)
<input checked="" type="checkbox"/>	Water (navigable/surface)
<input type="checkbox"/>	Water (sediment)
<input type="checkbox"/>	Water (stormwater)
<input type="checkbox"/>	Water (wastewater to POTW) → Applies to Industrial Users discharging to POTW. If checked, you must enter the applicable POTW Name & NPDES # in text box below:
<input type="checkbox"/>	

15. Compliance Monitoring Media Indicator: (Check if Multimedia inspection)

<input type="checkbox"/>	Multimedia Indicator
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16. Cross Media Indicator: Federal Facility Activity

This is an indication that directly marks the inspection activity as involving Federal Facilities (specific to inspection activity; not facility ownership). (Check only ONE)

<input type="checkbox"/>	Federal Facility (traditional federal facility, military base, federal land or federal agency impacting private property)
<input checked="" type="checkbox"/>	No Federal Facility Involvement (no federal agency or federal property are involved)
<input type="checkbox"/>	Non-Federal Party Impacting Federal Property (activity involving contractors on federal property or spills migrating to federal property)

17. Compliance Monitoring Action Outcome:

This identifies the outcome of the inspection, if known at the time of activity. (Check only ONE)

<input checked="" type="checkbox"/>	Under Review
<input type="checkbox"/>	No Violation
<input type="checkbox"/>	Immediately Corrected
<input type="checkbox"/>	Not Immediately Corrected
<input checked="" type="checkbox"/>	No Compliance Monitoring (Access Denied)
<input type="checkbox"/>	No Compliance Monitoring (Facility Shut Down)

18. Did you observe deficiencies (potential violations) during the on-site inspection? (Check No or Yes)

<input checked="" type="checkbox"/>	No → If checked, skip to ICDS line 21
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Yes → If checked, you must identify the **Deficiencies observed** in the table below then proceed to ICDS line 19

Deficiencies observed (Check all applicable)

<input type="checkbox"/>	Potential excess emission in violation of regulations
<input type="checkbox"/>	Potential failure to complete or submit a notification, report, certification, or manifest
<input type="checkbox"/>	Potential failure to follow a permit condition (s)
<input type="checkbox"/>	Potential failure to follow a required sample monitoring procedure or laboratory procedure
<input type="checkbox"/>	Potential failure to follow or develop a required management practice or procedure
<input type="checkbox"/>	Potential failure to identify and manage a regulated waste or pollutant in any media
<input type="checkbox"/>	Potential failure to maintain a record or failure to disclose a document
<input type="checkbox"/>	Potential failure to maintain/inspect/ repair meters, sensors, & recording equipment
<input type="checkbox"/>	Potential failure to obtain a permit, product approval, or certification
<input type="checkbox"/>	Potential failure to report regulated events such as spills, accidents, etc.
<input type="checkbox"/>	Potential incorrect use of material (pesticide, waste, product) or use of unapproved material
<input type="checkbox"/>	Potential violation of a compliance schedule in an enforceable order

19. If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? (Check No or Yes)

<input type="checkbox"/>	No → If checked, skip to ICDS line 21
<input type="checkbox"/>	Yes → If checked, proceed to ICDS line 20

20. Did you observe the Facility take any actions during the inspection to address the deficiencies noted? (Check No or Yes)

<input type="checkbox"/>	No → If checked, proceed to ICDS line 21
<input type="checkbox"/>	Yes → If checked, you must identify Actions taken in table below then proceed to ICDS line 21

Action(s) taken (Check only actions observed/ seen)

<input type="checkbox"/>	Completed a Notification or Report
<input type="checkbox"/>	Corrected Monitoring Deficiencies
<input type="checkbox"/>	Corrected Record Keeping Deficiencies
<input type="checkbox"/>	Implemented New or Improved Management Practices or Procedures
<input type="checkbox"/>	Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc)
<input type="checkbox"/>	Requested a Permit Application or Applied for a Permit
<input type="checkbox"/>	Verified Compliance with Previously Issued Enforcement Action – Part or All Conditions
<input type="checkbox"/>	Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc).

→ If **Reduced Pollution** is checked, you must check and/or specify at least one Pollutant in the table below. See Pollutant Reference Table for complete list of available values. The document is available on EPA R10's OCE Intranet site.

Common Water Pollutants

<input type="checkbox"/>	BOD, 5-day, percent removal	<input type="checkbox"/>	O/G (Oil & Grease)	<input type="checkbox"/>	Sediment
<input type="checkbox"/>	Cl (Chlorine)	<input type="checkbox"/>	Overflow Volume (SSO, CSO)	<input type="checkbox"/>	SS (Settleable Solids)
<input type="checkbox"/>	COD (Chemical Oxygen Demand)	<input type="checkbox"/>	Production, seafood effluent	<input type="checkbox"/>	TC (Total Coliform)
<input type="checkbox"/>	DO (Dissolved Oxygen)	<input type="checkbox"/>	Sanitary sewage	<input type="checkbox"/>	TSS (Total Suspended Solids)
<input type="checkbox"/>	E. coli	<input type="checkbox"/>	Sanitary waste, BOD, 5-day	<input type="checkbox"/>	Untreated sewage

Other → If checked, specify the **Pollutant Name(s)** in text box below:

21. Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during inspections? (Check No or Yes)

<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes

22. Did you provide *site-specific* Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance *during* the inspections? (Check No or Yes)

<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes


23. Is the inspection/evaluation related to a *NPDES Special Regulatory Program*? (Check No or Yes)

<input type="checkbox"/>	No → If checked, skip Attachments A-F
<input checked="" type="checkbox"/>	Yes → If checked, you must identify the NPDES Special Regulatory Program. (Check applicable Program in table below, then proceed to Attachment indicated)

<input type="checkbox"/>	Pretreatment → Proceed to ICDS Attachment <u>A</u>
<input type="checkbox"/>	Sanitary Sewer Overflow (SSO) → Proceed to ICDS Attachment <u>B</u>
<input type="checkbox"/>	Combined Sewer Overflow (CSO) → Proceed to ICDS Attachment <u>C</u>
<input checked="" type="checkbox"/>	Concentrated Animal Feeding Operations (CAFOs) → Proceed to ICDS Attachment <u>D</u>
<input type="checkbox"/>	Storm Water (Non-Municipal) → Proceed to ICDS Attachment <u>E</u>
<input type="checkbox"/>	Storm Water (Municipal) → Proceed to ICDS Attachment <u>F</u>

Data Collection Process:

- Inspector is responsible for collection of ICDS data during the on-site inspection.
- Inspector should complete the ICDS *during* or *immediately after* the inspection is conducted.
- Inspector should forward completed ICDS to first-line supervisor/designated alternate within five (5) days after returning from either a single inspection, or a series of inspections.
- The first-line supervisor/designated alternate should ensure ICDS data is collected & reported, and that the data is complete and accurate. Once the supervisor review is complete, the ICDS should be forwarded to the data entry person. For **CWA inspections**, forward the ICDS to the attention of Jeannine Brown by any of the following methods: Mail to U.S. EPA Region 10, 1200 6th Avenue, Suite 900, Mailstop OCE-184, Seattle, WA 98101; fax to 206-553-4743; or email to Brown.Jeannine@epa.gov.

ICDS Sign Off	Name	Date Completed
ICDS Completed By Inspector	Sandra Brozusky	2/26/13
ICDS Review Completed By First-line Supervisor/ Designated Alternate		
ICDS Data Entry Completed By CWA Data Manager	Jeannine Brown 	2-28-2013

ICDS Attachment D: Concentrated Animal Feeding Operation (CAFO) (page 1 of 2)

General Information

Is the Animal Facility Type a CAFO? (Yes or No)	Yes
CAFO Classification? (Large, Medium, or Small)	2
CAFO Designation Date: (mm/dd/yyyy)	
Designation Reason:	
Discharges During Year From Production Area: (Check only ONE)	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes (Authorized only)	
<input type="checkbox"/> Yes (Unauthorized only)	
<input type="checkbox"/> Yes (Both Authorized/ Unauthorized)	

Solid & Liquid Manure

Solid Manure or Litter Generated: (Tons)	
Liquid Manure or Wastewater Generated: (Gallons)	
Solid Manure or Litter Transferred: (Tons)	
Liquid Manure or Wastewater Transferred: (Gallons)	

NMP (Nutrient Management Plan)

Does the facility have an NMP developed or approved by a certified planner? (Yes or No)	
NMP Developed Date: (mm/dd/yyyy)	
NMP Last Updated Date: (mm/dd/yyyy)	

EMS (Environmental Management System)

Does the facility have an EMS? (Yes or No)	
EMS Developed Date: (mm/dd/yyyy)	
EMS Last Updated Date: (mm/dd/yyyy)	

Land Application BMP (Best Management Practices)

Type (Check all applicable)
<input type="checkbox"/> Buffers
<input type="checkbox"/> Setbacks
<input type="checkbox"/> Conservation Tillage
<input type="checkbox"/> Constructed Wetlands
<input type="checkbox"/> Infiltration Field
<input type="checkbox"/> Grass Filter
<input type="checkbox"/> Terrace
<input type="checkbox"/> Residue Management
<input type="checkbox"/> Other: (Specify)

Animal Type

Type (Check all applicable)	Open Confinement Count (#)	Housed Under Roof Confinement Count (#)	Total #
<input checked="" type="checkbox"/> Mature Dairy Cattle			
<input checked="" type="checkbox"/> Veal Calves			
<input checked="" type="checkbox"/> Cattle (All except Mature Dairy Cattle & Veal Calves)		2	
Swine over 55 lbs			
Swine under 55 lbs			
Horses			
Sheep or Lambs			
Turkeys			
Chicken (All except Layers)			
Chicken (Layers)			
Ducks			
Other: (Specify)			

Manure, Litter, & Processed Wastewater Storage Types

Type (Check all applicable)	Storage Total Capacity Measure (#-- specify Tons or Gallons)	Days of Storage (#)
<input type="checkbox"/> Wastewater Treatment Lagoon		
<input type="checkbox"/> Storage Lagoon		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Above Ground Storage Tanks		
<input type="checkbox"/> Below Ground Storage Tanks		
<input type="checkbox"/> Roofed Storage Shed		
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Underflow Pits		
<input type="checkbox"/> Anaerobic Digester		
<input type="checkbox"/> Outdoor Piles		
<input type="checkbox"/> None		
<input type="checkbox"/> Other: (Specify)		

ICDS Attachment D: CAFO (page 2 of 2)**Land Application**

Land Available for Application Measure: (# of acres)	
Number of Acres of Contributing Drainage from Production Area: (# of acres that are drained & collected in the production area)	

Livestock

Livestock Maximum Capacity: (# of animals)	
Livestock Capacity Determination Based Upon: (# of animals)	
Authorized Livestock Capacity: (the maximum # of animals that the Facility is authorized to handle which could be the same as the Designed Maximum Capacity)	

Containment Type

Type (Check all applicable)	Total Capacity (#)
<input type="checkbox"/> Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Evaporation Pond	
<input type="checkbox"/> Other: (Specify)	

Violation Types

Type (Check all applicable)
<input type="checkbox"/> Failure to Have an NMP
<input type="checkbox"/> Failure to Follow an NMP
<input type="checkbox"/> Inadequate Storage
<input type="checkbox"/> Unauthorized Discharge
<input type="checkbox"/> Improper Record Keeping
<input type="checkbox"/> Failure to Follow Setbacks/Vegetative Buffering
<input type="checkbox"/> Failure to Sample/Test Manure/Soil
<input type="checkbox"/> Failure to Submit Annual Report

